

UTILITY PATENT APPLICATION TRANSMITTAL

DUPLICATE

Address to: Box PATENT APPLICATION Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Attorney Docket No.</td> <td>LIAO3060/EM</td> </tr> <tr> <td>First Named Inventor (or identifier)</td> <td>Chia-Chen LIAO</td> </tr> <tr> <td>Total Pages</td> <td>45</td> </tr> </table>	Attorney Docket No.	LIAO3060/EM	First Named Inventor (or identifier)	Chia-Chen LIAO	Total Pages	45
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Transmitted herewith is a patent application under 37 CFR 1.53(b).

Entitled: **Optical System For Projection Display Apparatus**

- ☒ 1. Submitted herewith are the following:
- 7 pages of specification, including claims and Abstract.
 - 4 sheets of FORMAL drawings (Figs. 1-8)
 - 10 claims.
 - 1 Oath/Declaration signed by each inventor.
 - 1 Application Data Sheet.
 - 1 Assignment of the invention to Young Optics Inc., Hsinchu, Taiwan, R.O.C.
 - Cover Sheet, and payment of the \$40 recordal fee.
 - 1 certified copy of Taiwan appl no. 091120506. Priority is claimed.
 - 1 check in the amount of \$790 (\$750- Filing Fee; \$40- Assignment Recordation Fee).
- ☐ 2. SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application.
- ☒ 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.
- ☐ 4. Insert before the first sentence of the specification: -- This application claims the benefit of provisional application number _____ filed _____.
- ☐ 5. Insert before the first sentence of the specification: -- This application is a Continuation-in-part of nonprovisional application number _____ filed _____.
- ☐ 6. Other: _____

The registered practitioners representing applicant(s) are J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Thomas J. Moore, Reg. No. 28,974; Joseph DeBenedictis, Reg. No. 28,502; and Benjamin E. Urcia, Reg. No. 33,805.

THE FILING FEE IS CALCULATED AS FOLLOWS:				Basic Fee:	\$750.00	
Total Claims:	10	- 20 =	0	X \$18 =	\$0.00	
Independent Claims:	1	- 3 =	0	X \$84 =	\$0.00	
Correspondence Address: BACON & THOMAS, PLLC 625 Slaters Lane, 4 th Floor Alexandria, VA 22314-1176			<div style="font-size: 1.5em; font-weight: bold;">23364</div> <div style="font-size: 0.8em;">CUSTOMER NUMBER</div>	Multiple Dependent Claim (add \$280.00):		\$0.00
			Subtotal:		\$750.00	
			50% Reduction if Small Entity Status:		\$0.00	
Phone: 703-683-0500			Fax: 703-683-1080		Total:	\$750.00
Date:		Name:		Signature:	Reg. No.	
September 2, 2003		Eugene Mar			25,893	

